



# Memorandum

**Date:** May 25, 2023

**To:** Southern Nevada District Board of Health

**From:** Michael Johnson, PhD, Director of Community Health  
Fermin Leguen, MD, MPH, District Health Officer *FL*

*MJ*

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**Subject:** Community Health Division Monthly Activity Report – April 2023

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## **I. OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION (OCDPHP)**

### **A. Chronic Disease Prevention Program (CDPP)**

The CDPP is working with community partners to provide sports and physical activity opportunities to low-income children. The CDPP is sponsoring the Girls on the Run team at Manch Elementary School and piloting the Parent Run Club for parents and guardians as part of the Pathways from Poverty Initiative. CDPP is also sponsoring sports leagues through the Greater Youth Sports Association. In March, the flag football season wrapped up. A total of 714 students from 31 elementary schools participated. 95% of students qualified for free or reduced lunch and through our partnership, 48 were provided a full scholarship. Over 70% of participants identified as a racial or ethnic minority group.

The CDPP is partnering with the City of Henderson to assist 12 local elementary schools obtain their producer's certificate which will allow them to sell produce from their school garden. All 12 schools will be participating in a City of Henderson farmers' market in May and four (4) will be participating in a separate market in Summerlin. Additionally, as part of the partnership, four (4) schools received hydroponic gardening systems which are being implemented by Green Our Planet.

A new 'With Every Heartbeat is Life' (WEHIL) class, began in March at the Martin Luther King Jr. Senior Center. WEHIL is a cardiovascular health class developed specifically for the African American community and designed to be taught in community settings using health educators and community health workers. The course ran through April.

SNHD issued a press release for Diabetes Alert Day in March which generated two (2) earned media opportunities on Channel 3 and Channel 5. In recognition of Diabetes Alert Day, the CDDP offered two (2) Diabetes Self-Management & Education classes in Spanish during March. A total of 11 people attended at least one session and 10 people completed the course.

#### **B. Tobacco Control Program (TCP)**

A web-based media campaign to educate the public about flavored tobacco products ran in English in Spanish throughout the month of March.

Staff distributed educational material to youth and adults in four (4) African American churches and at a women's conference in March. The focus of the project is to educate on the dangers of e-cigarettes, flavored tobacco products, and cessation resources. Staff also appeared on the "I Heart Radio" Community Affairs show. The program included information on, flavored tobacco products and menthol, cessation resources, and tobacco-related disparities within the African American community. Staff wrote an editorial for the March issue of Black Image magazine. The article provided information on smoking and vaping health concerns, second-hand smoke exposure, menthol flavoring, tobacco marketing, and tobacco-related health disparities.

Staff also promoted cessation resources and the Spanish language Quitline at several events including a Spring festival focused on the Latino community. Cessation resource materials were also distributed to numerous pediatric and behavioral health clinics. A Spanish-language media campaign promoting both in-person and telephonic cessation options aired in March.

In March, 15 worksites expanded their tobacco-free policy. All the worksites were food establishments. Staff provided technical assistance, model policy language, and signage. Staff attended a Market Trends event to promote the smoke-free housing initiative. There were over 250 attendees which included multi-unit housing managers, multi-unit housing owners and other stakeholders within the multi-unit housing industry. Strategic distribution of smoke-free housing resources included the direct placement of tailored smoke-free resource packages on individual seats at the event site. Staff also took part in tabling break outs where attendees had an opportunity to interact with staff directly.

#### **C. Other Efforts**

OCDPHP has received additional funding from the CDC to support COVID and flu vaccine education and delivery among our REACH grant priority populations (African Americans and Hispanics). OCDPHP staff are working with community partners to train influential messengers in the community, promote vaccine update and increase accessibility to vaccines among these populations. During March:

- SNHD staff trained seven (7) community-level spokespersons. To date, 296 community-level spokespersons have been trained.
- Seven (7) community events to distribute information and promote vaccination occurred in reaching 1,190 individuals.
- Four (4) pop up vaccine clinics were offered vaccinating 10 people for COVID and four (4) for flu. A total of 6,072 vaccines have been provided to date through these efforts.



- ODCPHP staff began working with our media firm to develop new messaging highlighting changes that will occur as a result of the end of the public health emergency declaration and to encourage vaccination among priority populations.

## **II. OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)**

### **A. April Meetings:**

#### **1. Education Committee**

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, editing, and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The Committee elected Rebecca Carmody to serve as an At-Large Member and continued its discussion of the education outline for the Adult/Pediatric Pain Management protocols and the Adult/Pediatric Overdose protocols.

#### **2. Drug/Device/Protocol Committee (DDP)**

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The DDP continued working on proposed revisions to the Clark County EMS Emergency Medical Care Protocols.

#### **3. Medical Advisory Board (MAB)**

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One medical director of each firefighting/franchised agency; 2) One operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the SNHD whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.

The Board approved the addition of Levalbuterol to the drug inventory as an equivalent to Albuterol. The Board also heard reports from the Education and Drug/Device/Protocol sub-committees.

#### **4. Regional Trauma Advisory Board**

The RTAB is an advisory board with the primary purpose of supporting the Health Officer's role to ensure a high-quality system of patient care for the victims of trauma within Clark County and the surrounding areas. The RTAB makes recommendations, and assists in the ongoing design, operation, and evaluation of the system from initial patient access to definitive patient care.

The Board reviewed the 4th Quarter 2022 trauma transport data, as well as approved the nominations for Non-Standing RTAB Member Seats for terms expiring 6/30/2023.

**B. CLARK COUNTY TRAUMA TRANSPORT DATA (07/01/2022 to 12/31/2022):**

Total Transports	Step 1	Step 2	Step 3	Step 4	Discharged	Admitted	OR	ICU	Death	Transfer
7330	7%	6%	32%	55%	54%	33%	3%	6%	1%	2%

Out of Area (OOA) Transports	
533	7%

Prepared by the Office of Emergency Medical Services & Trauma System and Office of Informatics

Notes:

1. Out of Area Transports does not include non-trauma hospitals.
2. Out of Area defines compliance with EMS catchment zones. All EMS transports are protocol identified trauma patients delivered to a trauma center outside of their designated catchment zone.
3. Out of Area review threshold is 5% as was established by the Regional Trauma Advisory Board (RTAB). All data is reviewed by the RTAB on a quarterly basis. Current Out of Area overage is being evaluated by the RTAB as an ongoing perspective review of data.

**C. OEMSTS – April 2022 / 2023 Data**

April EMS Statistics	April 2022	April 2023	
Total certificates issued	81	88	↑
New licenses issued	70	36	↓
Renewal licenses issued (recert only)	0	0	=
Driver Only	17	32	↑
Active Certifications: EMT	778	859	↑
Active Certifications: Advanced EMT	1630	1689	↑
Active Certifications: Paramedic	1806	1930	↑
Active Certifications: RN	58	68	↑

III. **OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)**

A. **Planning and Preparedness**

1. OPHP staff began planning for a full-scale exercise to be conducted in October 2023.
2. This trained team corroborates with community and hospital partners, by hosting and attending community meetings virtually.
3. OPHP extensively works with the SNHD contractor to develop the regional and SNHD COVID After Action Report.
4. Our personnel have avidly been planning with community partners for the upcoming Formula 1 and Super Bowl LVIII special events.
5. The OPHP Team is identifying a vendor to conduct a recovery seminar and workshop on June 1, 2023.

B. **PHP Training and PH Workforce Development:**

1. Internally, we provide Employee Fit Testing: Essential SNHD staff continue to receive respirator fit testing. 15 Fit tests completed.
2. Developed training manuals for OPHP to use for ICS training. Beginning to work with PHP trainers to come up with a training program for SNHD staff in ICS roles.
3. April 11<sup>th</sup>, staff met with Reliance Health Care to go over their Closed POD Program Plan.
4. April 13<sup>th</sup>, collaborated with representatives from SNHD's Environmental Health (EH) and Disease Surveillance Control (ODS) and Clark County Mass Care Support Plan.
5. April 17<sup>th</sup>, our team participated in the State Health Improvement Program Public Health Infrastructure subcommittee meeting.
6. April 19<sup>th</sup>-20<sup>th</sup>, hosted a Public Health Law, Legal Epi, and Legal Preparedness workshop conducted by CDC.
7. April 24<sup>th</sup>-27<sup>th</sup>, represented SNHD at the NACCHO Preparedness Summit in Atlanta, GA.

C. **Hospital Preparedness Program (HPP):** OPHP dispensed a Hospital Preparedness Program Liaison

1. April 3<sup>rd</sup> – Our HPP team participated in a meeting with the State of Nevada's Division of Public and Behavioral Health about funding, current and future grants. The Deputy Administrator (Future Administrator) was present, provided comments, and commitments to the group.



2. April 4<sup>th</sup> – HPP represented at the State of Nevada’s Microplanning meeting with SNHD identifying ongoing vaccine delivery strategies across the spectrum of community needs, (i.e. Department of Corrections, Medical Offices, etc.) and current guidance from the Center of Disease Control and Prevention
3. April 6<sup>th</sup> – Healthcare Coordinator fulfilled commitment at the Southern Nevada Healthcare Preparedness Coalition’s monthly meeting providing updates on upcoming training, exercises, and information sharing. The Medical Reserve Corps provided an informational presentation to the members of the coalition. The Chair of the healthcare coalition also identified future presentations for the members in the out months.
4. April 11<sup>th</sup> – The Healthcare Coalition Coordinator participated in the SNHD All-Hands meeting discussing the Organizational Vital Signs survey results.
5. April 13<sup>th</sup> – HPP contributed to a meeting with the State of Nevada’s Division of Public and Behavioral Health about funding, current and future grants. Discussion centered around carry-over funds and projects that require funding.
6. April 17<sup>th</sup> – Our HPP Team participated in a meeting with the State of Nevada’s Division of Public and Behavioral Health about funding, current and future grants. Discussion centered around carry-over funds and projects that require funding.
7. April 18<sup>th</sup> – HPP served in the State of Nevada’s Microplanning meeting with SNHD identifying ongoing vaccine delivery strategies across the spectrum of community needs, i.e. Department of Corrections, Medical Offices, etc. and current guidance from the Center of Disease Control and Prevention.
8. April 21<sup>st</sup> – The HPP Liaison participated in the National Healthcare Coalition Preparedness Conference Program Advisory Committee (PAC) Kickoff Meeting. Members of the PAC were briefed on total number of abstract submissions, duties to review abstracts, and a planning timeline to keep the PAC on schedule. The Executive Director of the MESH Coalition welcomed the team and praised their experience, work, and expertise the PAC members bring to planning this national level conference.
9. April 24<sup>th</sup>-27<sup>th</sup> – The HPP Liaison attended the NACCHO Preparedness Summit in Atlanta, GA. This year’s theme for the 2023 Preparedness Summit is Recover. Renew: Reprioritizing All-Hazards Preparedness. The preparedness summit had three (3) plenary sessions for the entire participant population starting with *Preparedness in a Shared Environment; Renewing our commitment to One Health*; this was followed by *Paths to Recovery: Empowering resilient communities*, and finally, the final plenary to close-out the conference was *Reprioritizing Climate change in an All-Hazards World*. Also on the first day, a late breaking session focused on *The End of the Public Health Emergency Declaration*. This session touched on changes with the end of the PHE declaration and what is not changing.

**D. Grants and Administration:**

1. OPHP staff are working with the State Division of Public and Behavioral Health on carryforward from Budget Period 3 for both the HPP and PHEP grants.
2. OPHP staff are working with the Division of Emergency Management to submit the UASI grant application to maintain a public health analyst at the Southern Nevada Counterterrorism Center.

**E. Medical Reserve Corps (MRC) of Southern Nevada:** MRC coordinator works in conjunction with SNHD and community partners for volunteers needed for the COVID response.

MRC hosted Cultural Competency training at SNHD in March 2023. Attendees totaled 32, including eight (8) MRC Volunteers and 24 SNHD Nursing and Disease Investigation staff. MRC Coordinator planned training and activities for upcoming months, sent out newsletters, and continues to recruit and deactivate volunteers. MRC Coordinator attended monthly NACCHO MRC and PPAG Workgroup meetings, as well as SNHPC.

MRC Volunteer Hours FY2023 Q3

(Economic impact rates updated April 2023):

Activity	January	February	March
Psychological First Aid Training	0	0	32
COVID Vax Outreach	0	48	0
<b>Total Hours</b>	<b>0</b>	<b>58</b>	<b>32</b>
<b>Economic impact</b>	<b>0</b>	<b>\$1,877.03</b>	<b>\$958.40</b>

**IV. VITAL RECORDS**

- A. April 2023 is currently showing 10.6% decrease in birth certificate sales in comparison to April 2022. Death certificate sales currently showing an 8.5% decrease in comparison to April 2022. SNHD received revenues of \$31,967 for birth registrations, \$21,775 for death registrations; and an additional \$8,117 in miscellaneous fees.

**COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Registered – Fiscal Year Data**

Vital Statistics Services	April 2022	April 2023	FY 21-22 (Apr)	FY 22-23 (Apr)
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<b>Births Registered</b>	1,674	1,672	↓	20,843	20,120	↓
<b>Deaths Registered</b>	1,767	1,633	↓	20,863	17,733	↓
<b>Fetal Deaths Registered</b>	11	19	↑	160	166	↑

**COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates – Fiscal Year Data**

<b>Vital Statistics Services</b>	<b>April 2022</b>	<b>April 2023</b>		<b>FY 21-22 (Apr)</b>	<b>FY 22-23 (Apr)</b>	
Birth Certificates Sold (walk-in)	1	2	↑	244	328	↑
Birth Certificates Mail	147	140	↓	1,142	1,231	↑
Birth Certificates Online Orders	3,686	3,329	↓	38,354	36,475	↓
Birth Certificates Billed	105	47	↓	1,001	1,070	↑
<b>Birth Certificates Number of Total Sales</b>	<b>3,939</b>	<b>3,518</b>	<b>↓</b>	<b>40,741</b>	<b>39,104</b>	<b>↓</b>
Death Certificates Sold (walk-in)	7	22	↑	238	171	↓
Death Certificates Mail	159	188	↑	1,371	1,661	↑
Death Certificates Online Orders	8,288	7,529	↓	97,446	81,349	↓
Death Certificates Billed	47	39	↓	555	352	↓
<b>Death Certificates Number of Total Sales</b>	<b>8,501</b>	<b>7,778</b>	<b>↓</b>	<b>99,610</b>	<b>83,533</b>	<b>↓</b>

**COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Cert. Sales by Source – Fiscal Year Data**

<b>Vital Statistics Sales by Source</b>	<b>April 2022</b>	<b>April 2023</b>		<b>FY 21-22 (Apr)</b>	<b>FY 22-23 (Apr)</b>	
Birth Certificates Sold Valley View (walk-in)		.1%		.6%	.8%	↑
Birth Certificates Mail	3.7%	4%	↑	2.8%	3.1%	↑
Birth Certificates Online Orders	93.6%	94.6%	↑	94.1%	93.3%	↓
Birth Certificates Billed	2.7%	1.3%	↓	2.5%	2.7%	↑
Death Certificates Sold Valley View (walk-in)	.1%	.3%	↑	.2%	.2%	
Death Certificates Mail	1.9%	2.4%	↑	1.4%	2%	↑
Death Certificates Online Orders	97.5%	96.8%	↓	97.8%	97.4%	↓
Death Certificates Billed	.6%	.5%	↓	.6%	.4%	↓



**COMMUNITY HEALTH Vital Statistics Program Birth/Deaths Certificates Sales – Fiscal Year Data**

Revenue	April 2022	April 2023		FY 21-22 (Apr)	FY 22-23 (Apr)	
Birth Certificates (\$25)	\$ 98,475	\$87,950	↓	\$1,018,525	977,600	↓
Death Certificates (\$25)	\$212,525	\$194,450	↓	\$2,490,250	\$2,088,325	↓
Births Registrations (\$13)	\$36,816	\$31,967	↓	\$387,088	\$362,765	↓
Deaths Registrations (\$13)	\$24,401	\$21,775	↓	\$281,853	\$231,998	↓
Convenience Fee (\$2)	\$7,956	\$7,146	↓	\$82,396	\$78,300	↓
Miscellaneous Admin	\$651	\$971	↑	\$9,504	\$6,848	↓
<b>Total Vital Records Revenue</b>	<b>\$380,824</b>	<b>\$344,259</b>	<b>↓</b>	<b>\$4,269,616</b>	<b>\$3,734,836</b>	<b>↓</b>

\*Numbers will change once stable

**COMMUNITY HEALTH Passport Program – Fiscal Year Data**

**B. PASSPORT SERVICES** – Passport Services is appointment only. Passport photos remain suspended.

Applications	April 2022	April 2023		FY 21-22 (Apr)	FY 22-23 (Apr)	
Passport Applications	807	827	↑	6,479	7,743	↑
Revenue	April 2022	April 2023		FY 21-22 (Apr)	FY 22-23 (Apr)	
Passport Execution/Acceptance fee (\$35)	\$28,245	\$28,945	↑	\$226,765	\$271,005	↑

**V. HEALTH CARDS**

**A. COVID Activities:**

- As of April 6, 2023, per new guidance from SNHD Human Resources, our screener and greeter at our main public health center discontinued asking clients to take and don a mask before entering the clinical areas. Greeters continue to have free masks available for those who ask for one.

**B. Food Handling / Health Cards:**

- Appointments continue to be opened early every weekday morning for our Decatur, Fremont and Henderson offices. On Wednesdays, the appointments are opened for the very same day, which is designed to help those who need a card prior to starting a new job. On other weekdays, they are advance appointments for that day in the following week. No appointment is more than a week in the future. We encourage our clients to

check [www.snhd.info/foodhandlerappointments](http://www.snhd.info/foodhandlerappointments) prior to 8 or 9 a.m. Monday through Friday for the greatest appointment availability.

2. For the month of April, we averaged 58 “passing and paying” online renewal clients per day, with a total of 1,754 clients renewing online. This is a 42% decrease from the previous month.

**C. Body Art Cards**

1. Clients are taking advantage of the Body Art Card appointments that were recently added at our Fremont and Henderson offices. However, most still use our Decatur office, with which they were familiar.

**D. Other**

1. Hiring is underway to backfill one position and fill two new FTE positions.

<b><u>CLIENTS SERVED</u></b>	<b>April 2023</b>	<b>Mar 2023</b>	<b>Feb 2023</b>	<b>Jan 2023</b>	<b>Dec 2022</b>	<b>Nov 2022</b>
Food Handler Cards – New	4,035	4,539	3,953	3,698	3,175	3,016
FH Cards – Renewals	2,619	3,294	3,312	4,143	3,924	3,440
FH Cards – Online Renewals	1,754	3,004	3,563	4,513	3,021	2,794
Duplicates	306	382	362	406	244	232
CFSM (Manager) Cards	257	320	264	315	162	155
Re-Tests	1,242	1,471	1,238	1,513	1,254	906
Body Art Cards	115	83	80	77	69	67
<b>TOTALS</b>	<b>10,328</b>	<b>13,093</b>	<b>12,772</b>	<b>14,665</b>	<b>11,849</b>	<b>10,610</b>

**VI. HEALTH EQUITY**

- A. The Health Equity program received a No Cost Extension from the Center for Disease Control to build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.
  1. The program continues to collaborate with SNHD programs and grant subrecipients to plan and coordinate COVID community strategies and events.
  2. During April 10<sup>th</sup> – 27<sup>th</sup>, program staff participated in the 2023 Preparedness Summit sponsored by the National Association of County and City Health Officials.
- B. The Health Equity Program works towards reducing health disparities through increasing organizational capacity and implementing community strategies.

1. On April 18th, 2023, the program submitted a grant application for the Advancing Equity in Adolescent Health through Replication of Evidence-based Teen Pregnancy Prevention Programs and Services funded by the Office of Populations Affairs.
2. April 19th, 2023, the program participated in the NV Hands employee wellness fair. Staff provided information resources available at SNHD.
3. During the month of April, the Health Equity program implemented five (5) workshops with staff.

## **VII. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)**

### **A. Clinical Testing:**

1. The SNHD Nursing Division: molecular and microbiology culture, Sexually Transmitted Disease (STD) testing.
2. SNHD STD department: the CDC Gonococcal Isolate Surveillance Project (GISP) as well as enhanced Gonococcal Isolate Surveillance Project (eGISP). SNPHL performs NAAT and culture testing of *N. gonorrhoeae* isolates and submits isolates to a reference laboratory for the determination of antibiotic susceptibility patterns. SNPHL has also joined eGISP Part B to expand culture-independent testing for antimicrobial resistance genes of gonococcal isolates.
3. A total monthly samples tested is listed in the following table:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	56	57
NAAT NG/CT	883	1081
Syphilis	930	925
RPR/RPR Titers	182/83	201/84
Hepatitis Total	776	844
HIV/differentiated	607/11	558/13
HIV RNA	50	64

4. COVID testing:
  - SARS-CoV-2 PCR extraction is currently performed on the KingFisher Flex platform only.
  - SNPHL is to maintain the capacity of 2000 tests /day with a turnaround-time of <48 hours (TAT 2Day- currently at / near goal).





	Gram Stain/WBC	0	0	0	5									
	Neisseria ID	0	0	0	0									
	Haemophilus ID	0	0	8	2									
Unknown ID	Bacterial ID	0	0	0	3									
	WGS (PulseNet)	24	21	24	33									
Salmonella	Salmonella Screen	16	14	13	17									
	Salmonella Serotype	15	10	12	17									
Shigella	Shigella Screen	4	7	10	10									
	Shigella Serotype	4	5	12	3									
STEC	STEC Screen	4	0	7	8									
	STEC Serotype	4	0	1	2									
Unknown	Stool Culture	3	14	2	4									
Vibrio	Vibrio ID	0	1	0	0									
	Vibrio Screen	0	0	1	1									
Yersinia	Yersinia Culture/ID	0	0	1	0									

**B. Epidemiological Testing and Consultation:**

1. SNPHL participates in the SNHD Outbreak Investigation Committee and Foodborne Illness Taskforce. There were zero cases for GI outbreak investigation in April.
2. SNPHL continues to report results of influenza testing to the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS). SNPHL performed April, 35 respiratory panels on the BioFire.

**C. Emergency response and reportable disease isolate testing report:**

1. SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance
2. SNPHL’s additional mission is as a member of the CDC Laboratory Response Network (LRN) testing for the identification of potential biological weapons/agents on environmental daily samples within its unique BSL3 environment.

2023	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Select Agent Rule out (total PCR)	0	0	2	2								

3. SNPHL is clinically validated for using Whole Genome Sequencing (WGS) for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
4. SNPHL performed 24 Whole Genome Sequencing tests (WGS) as part of PulseNet Foodborne Outbreak Surveillance in April 2023.
5. SNPHL has completed validation for all bacterial groups on the Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates, to decrease turnaround time and modernize microbiological identification methods.
6. SNPHL is validated for sequencing of SARS-CoV-2 and variants of concern through the identification of lineages and clades.
7. SNPHL has sustained capacity of sequencing many 192 SARS-CoV-2-positive RNA extracts per week with expectations of increasing this capacity with appropriate staffing, instrumentation, and method development. As of April 2023, SNPHL has sequenced 28 SARS-CoV-2-positive RNA extracts. The new Laboratory Technologist and Laboratory Assistant have completed their training and have been aiding in SARS-CoV-2 sequencing.
8. SNPHL is clinically validated for the identification of Campylobacter species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for



the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.

9. SNPHL coordinates and participates with Environmental Health and Veritas Labs for Legionella surveillance.

2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	7	1	24	8								

10. SNPHL provides vector testing for Environmental Services, Viral testing for Zika, West Nile, Western / Eastern Equine Encephalitis. Our facility hosted a CDC demonstration for the Vector team. In February, we tested a total 0 mosquito pools samples.
11. As part of the Gonococcal Isolation Surveillance Program (GISP) and enhanced GISP (eGISP), in April, a total of 56 clinical isolates, Neisseria gonorrhoeae 25 isolates and Neisseria meningitidis (2 isolates), were collected and will be sent to either the regional laboratory for antimicrobial susceptibility testing (AST) or the CDC, respectively. Remnant NAATs or N. gonorrhoeae samples will be sent to the CDC for molecular-based AST testing as part of eGISP Part B.

**D. All-Hazards Preparedness:**

1. SNPHL provides / assists testing for SNHD COVD Emergency Incident Response, local community outreach, CCDC jail-detention centers, institutions of higher education, and long-term nursing facilities Rapid-Antigen POC (CDC-EUA: Abbott IDNow; Qiagen Sofia; BD Vector) with outbreak confirmation RT-PCR testing supported by SNPHL.
2. SNPHL provides COVD Biosafety Training/Guidelines to Non-Traditional testing sites.
3. SNPHL coordinates with training/exercises for First Responders including local Civil Support Team, HazMat, Federal Bureau of Investigation, and Las Vegas Metropolitan Police Department.
4. SNPHL provides information to local laboratorians on CDC packaging and shipping infectious substances and the chain of custody procedures.
5. Provided onsite training for COVD online ordering applications for long-term care facilities.
6. Supplied Biosafety Guidance to Sentinel Sites regarding Monkeypox.
7. Furnished Monkeypox and Bivalent COVD Booster vaccination to laboratory staff.
8. Perpetuated Biosafety Training and guidance to SNPHL personnel.

**E. April 2023 SNPHL Activity Highlights:**

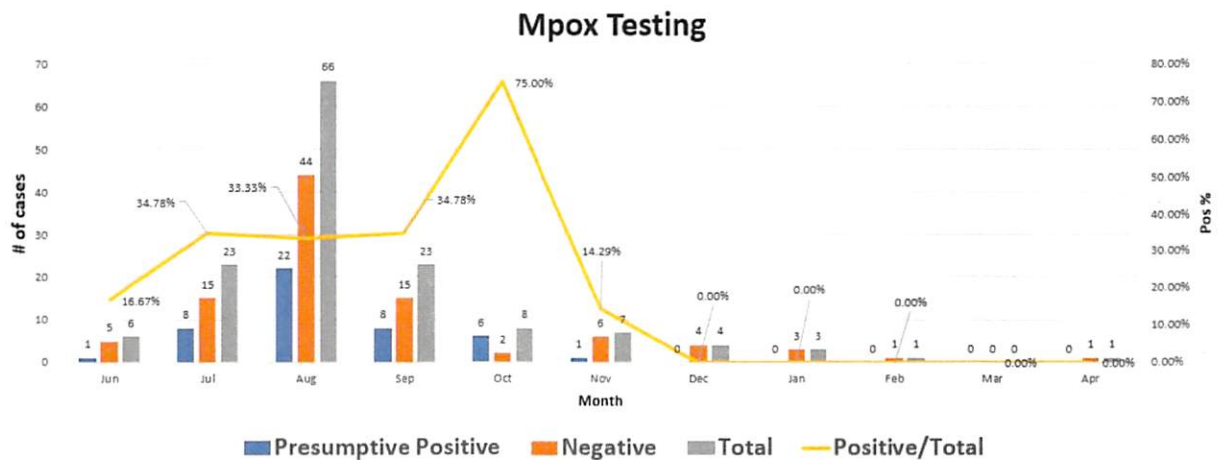
1. SNPHL has a stable CDC supply of Viral Transport Medium (VTM) used in COVID collection kits.
2. The CLIA inspector came to laboratory to perform the lab inspection on Tuesday, April 4 and Wednesday, April 5, 2023. Laboratory has received the formal inspection report on Friday, April 20, 2023. Laboratory submitted the correct report and documented to inspector on Wednesday, April 19, 2023.
3. The clinical health laboratory is in the process to purchase three instruments for clinical testing for the chemistry, hematology, and urine analysis for enhance the community health service.
4. SNPHL is working with CDC to develop an Electronic Laboratory Reporting (ELR) system for Monkeypox testing. This system allows us to report the MONKEYPOX testing report to CDC promptly. Currently, we are using a laboratory Network System to report the result which is time-consuming and labor intensive.
5. The supervisor of the emergency response laboratory reports to work on Monday, May 1, 2023. She is responsible for handling the BSL-3 staff training and testing.
6. Emergency Response laboratory started to validate the warrior panel and verification process with CDC.
7. According to the WGS and genomic data analysis, the Omicron variant XBB.1.5, lineages is domain lineage, 100%, in April, from the samples received in the laboratory. Our laboratory will keep sequencing the closed contact samples to help ODS to follow up on the investigation.
8. SNPHL still remain the service for the Monkeypox testing for the residents of Clark County even the ICS for Monkeypox has been demobilized.
9. According to the data of influenza surveillance in this flu season, the A/H3 and A/H1 are major subtype of influenza and the percentage of ratio between two subtypes are 80% and 20%, respectively.
10. Safety concerns is for the SNPHL facility security camera upgrade which currently under process by Facilities.
11. Currently our BSL-3 laboratory has detected a total of 46 possible Monkeypox cases. Those presumptive samples have been sent to CDC this week to CDC for a confirmation test. The current Monkeypox testing status is summarized as follows:

Mpox testing from SNPHL\*

	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Total
<b>Presumptive Positive</b>	1	8	22	8	6	1	0	0	0	0	0	<b>46</b>
<b>Negative</b>	5	15	44	15	2	6	4	3	1	0	1	<b>96</b>
<b>Total</b>	6	23	66	23	8	7	4	3	1	0	1	<b>142</b>
<b>Positive/Total</b>	16.67%	34.78%	33.33%	34.78%	75.00%	14.29%	0.00%	0.00%	0.00%	0.00%	0.00%	<b>32.39%</b>

\* Per patient

3/31/2023 updated



**F. COMMUNITY HEALTH – SNPHL – Calendar Year Data**

April Services	2022	2023	
Clinical Testing Services <sup>1</sup>	4,294	4,380	↑
Epidemiology Services <sup>2</sup>	470	1,601	↑
State Branch Public Health Laboratory Services <sup>3</sup>	5,304	4,310	↓
All-Hazards Preparedness Services <sup>4</sup>	9	7	↓
Environmental Health Services <sup>5</sup>	0	0	

<sup>1</sup> Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing, and COVID Ab immunologic tests.

<sup>2</sup> Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

<sup>3</sup> Includes COVID PCR, WGS, and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, training, presentations and inspections, samples submitted to CDC or other laboratories' submissions.

<sup>4</sup> Includes Preparedness training, teleconferences, and Inspections.

<sup>5</sup> Includes vector testing